

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042398

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3265

STATE FILE NUMBER

FILED OCT 30 1963

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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF | DOCUMENT |
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| USE BLACK INK OR TYPEWRITER RIBBON | SHOULD READ | BY AFFIDAVIT OF | |

| | | | |
|---|---|---|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Johns | | c. CITY OR TOWN St. Johns | |
| Length of stay in 1b 6 Weeks | | Inside Limits Yes # No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3326 Eminence | | d. STREET ADDRESS (If outside, give location) 3326 Eminence | |
| Yes # No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No # | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Thomas A. Pointeck | | 4. DATE OF DEATH Month Day Year Oct. 22, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 11/17/1897 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender | | 10b. KIND OF BUSINESS OR INDUSTRY Tavern Owner | |
| 11. BIRTHPLACE (City and state of country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Joseph Pointeck | | 13b. MOTHER'S MAIDEN NAME Stella Bambrick | |
| 14. NAME OF HUSBAND OR WIFE Divorced | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I And 2 | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Helen Stempf1 Perue Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Carcinoma | | INTERVAL BETWEEN ONSET AND DEATH 1 year | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Louis Mo. | |
| 20g. COUNTY | | 20h. STATE | |
| 21. I attended the deceased from 9-5-63 to 10-22-63 and last saw her alive on 10-15-63 Death occurred at 355 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Cecilia J. Kearney M.D. | | 22b. ADDRESS 860 N Woodlawn | |
| 22c. DATE SIGNED 10-24-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 10/25/1963 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis Mo. | | 23e. STATE | |
| 24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-24-63 | |
| 26. REGISTRAR'S SIGNATURE John B. Murphy | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sheldon Collier

Licensed Embalmer No.

3382

P. O. Address

St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

✓ If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.